

CANTRELL (J.A.)

# SCABIES:

## ITS SYMPTOMS, DIAGNOSIS, AND TREATMENT.

BY

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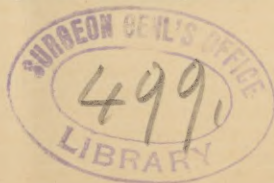
## Scabies : Its Symptoms, Diagnosis, and Treatment.

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SINCE the influx of certain elements of civilization to American soil we certainly have had a decidedly large increase in the number of cases of scabies, and as there will be no abatement until the huddling together of these people is done away with, or until they be placed under better hygienic conditions, it is likely they will still further increase ; and as we all should be on guard, that we may be able to cure all cases as soon as possible, I will give you this morning the symptoms, diagnosis, and treatment of this affection.

Scabies affects certain portions of the body, and attacks the body in such a way that all those affected with it suffer innumerable tortures from the diverse points of itching, and, as the disease is contagious, it is well that we know something of the appearance of the disease upon the skin, the localities affected, and the cause of it.

The disease being one of parasitic origin, is caused by a small animal,—the *Sarcoptes* or *Acarus hominis*,—the female parasite being larger by double than the male. It is a whitish, opaque body, measuring from one-seventh to one-fifth of a line in length and one-eighth to





one-sixth of a line in breadth, and as the female is the cause of the lesions of the skin, the male dying shortly after impregnating her, it is to her destruction that we must look.

Shortly after impregnation the female enters the skin by burrowing beneath the surface, in like manner to a mole entering the ground, and, as she progresses, enlarges the burrow and at the same time deposits eggs, and after laying a certain number—about six or eight—she dies. The young parasite, after being hatched, reaches the surface of the skin by means of the free extremity,—that through which the mother entered,—and as she reaches the surface meets the male, becomes impregnated, and then immediately burrows and goes through the same course as her mother before her; and as these conditions are likely to go on indefinitely without they are soon checked, you can see what they will be in a short time.

The appearance of the burrow upon the skin is that of a darkish streak, which is made by the fæces of the parasite; it may be either straight, curved, or tortuous in character, and ranges from one-eighth to an inch or more in length. One end, being free, is sometimes marked by a small vesicle or pustule; the other is blind, and here the mother parasite lies as a foreign body. In fact, the patient will not come to you until the condition has reached the maximum,—about one month after contagion,—complaining of the itching and a skin eruption, and as the burrow is now very well marked, you may find it upon those portions of the body where it is the warmest.

On inspecting the patient, examine all portions of the body, as you have often seen me

do. Do not be satisfied with a peep. Have the patient strip positively as far as the waist. Look first at the hands; examine the sulci between the fingers, the wrists, but do not conclude that the case is not scabies if you do not find anything upon them, because in Americans, who are, as a general rule, cleanly, we often find that the hands are unaffected. Next inspect the bend of the elbow, the axillæ, and parts around the front of the shoulders, the lower part of the abdomen, the lumbar region, and the nipples and breasts of the female, the buttocks and inner parts of the thighs and genitals of the male. If the patient be an infant in arms, look at the face, as this is the portion that comes in contact with the breasts of an affected mother. The feet of infants must also be examined.

If you have persisted in this examination, you will find evidences of the disease. From within the burrow you can remove the parasite upon the head of a gold needle; but, unfortunately, this cannot always be done, and at such times a knowledge of the situation of the disease will, as a rule, suffice. In this condition you will also find the evidences of decided itching in the accompanying dermatitis.

After examining the patient and being fairly satisfied that the diagnosis is correct, the next thing would be the treatment. But suppose for an instant that you are doubtful what are the diseases that may resemble it, and *vice versa*.

*Eczema* is not likely to be so diffuse; not found in the usual scattered sites of scabies; will not be the diverse points of itching; lesions are not likely to be multiform, but

there will be a moisture, with some infiltration. The itching in eczema is marked at all times, while that of scabies is more so after disrobing for the night.

*Pediculosus Vestimenti.*—Parasite, as a rule, easily found in the seams of the clothing; the upper part of the chest and back are affected, while these are unusual sites for a scabies; hands are never affected; no burrows; the outer sides of the thighs rather than the inner.

*Urticaria.*—Lesions disseminated, while scabies may be found in the usual sites; but if urticaria be present in the case, as I have seen in a number of instances, you must certainly find the burrow, and then your diagnosis is undoubted.

Being perfectly satisfied that the diagnosis is correct, we want to know something of the treatment. Naturally the first thing is to procure extreme cleanliness. This is best done by using some common soap, placing the patient in a bath-tub, and directing him to lather himself well, rubbing all parts, and then rinsing all over the body. If by this process you irritate the skin a little, it will the sooner be cured.

Immediately after the bath you must rub into the affected parts the chosen parasiticide, placing on the patient a clean suit of underclothes, rubbing the ointment on every evening, and allowing this underwear to remain on the patient for at least three or four days. By this means you have the ointment in constant contact with the affected parts, and thus, I believe, more rapidly cure the disease.

In the treatment of this affection sulphur seems to have held, and to still hold, the first

place, in whatever form it may be prescribed. The other remedies that may also be applied are naphthol, styrax, and balsam of Peru.

I will speak of each of these remedies as I show you the cases.

The first cases are a mother and her child. Examining first the child, which is about four months of age, you notice the eruption is scattered over the hands and wrists in large pustules. You will also note the same condition on the feet and ankles; and as the child is nursing, you see that the face is well covered with the pustules also, and here on the left side of the neck I show you a burrow; the buttocks, thighs, abdomen, and back share the same condition.

The mother, you note, has no lesions upon the hands. This I have seen in a number of instances when the patient has been an American. So, as I have often told you, do not say that scabies is not present because the hands are free.

For the mother I prescribe the following:

R Sulphuris sublimatum, ʒi;  
Adeps, ʒi. M.

And for the child:

R Sulphuris sublimatum, gr. xv;  
Adeps, ʒi. M.

Directions will be given that each patient take a bath this evening before retiring, and will cleanse all portions well, then will be applied the ointment to every point of disease, after which they will put on a clean suit of underwear, and every evening for three or four



days they will continue the use of the ointment, at the end of which time they will take another bath, and go through the same performance. At this time it will be well to examine them, and, as a rule, they will be well of the scabies.

The next case is that of a young man (Pole by birth), and his condition has existed for some time. This you find in this class of people always as well marked as here. Having the patient strip, you find that the eruption is on the usual sites, and here I show you several upon the penis. Here upon the under surface I show you a burrow; it is about a quarter of an inch in length. The young man states that the condition has existed for four months, and that he has not had any treatment. Therefore, from his being rather timid about taking a bath, and not receiving any advice of a physician, you can readily understand why the affection has gone on to this proportion.

In prescribing for a case as bad as this, you may use remedies that are somewhat stronger than in the preceding cases, remembering that we have a decided eczema here, and, if possible, do not make this any worse; but as we have also a tough skin, we will not be likely to make the eczema more prominent.

R Sulphuris sublimatum,  
Olei cadini, of each, ℥ii;  
Cretæ præparata, ℥iiss;  
Saponis viridis,  
Adipis, of each, ℥i. M.

This is the Hebra modification of Wilkinson's ointment, and in such cases as these there is nothing better; but in the majority you will



be obliged to dilute it one-half. This is applied after the preliminary bath, and used as in the preceding cases.

If this ointment appears to disagree with the patient it may be changed to the following :

R Sulphuris sublimatum,  $\mathfrak{z}\text{i}$ ;  
 Balsam Peruviana,  $\mathfrak{z}\text{ss}$ ;  
 Adipis,  $\mathfrak{z}\text{i}$ . M.

And the same instructions given as for the former ointment.

Sometimes I have prescribed the following, which I prefer in most cases :

R Sulphuris sublimatum,  
 Naphtholis beta, of each,  $\mathfrak{z}\text{i}$ ;  
 Adipis,  $\mathfrak{z}\text{i}$ . M.

With this preparation I have seen better results than with the others, and have in only one instance observed the bad effects spoken of from the use of the naphthol. This is applied with the same preliminary measures as with the other preparations.

This young man presents himself for the first time, and we will study his case together. He states that the eruption has existed for one month ; that at the time of contracting it he was a travelling salesman ; that one night he was obliged to sleep with a fellow-traveller, and a few days after noticed an itching on his arms and legs. He examined himself, and finding nothing, he used some carbolic acid, as this seemed to give him relief ; but after two weeks he noticed that small vesicles or pustules presented themselves, and being frightened, he comes to us. Looking in the usual sites of a scabies, we find that the eruption is mostly on the arms and legs, over the hands and wrists, and on each axilla,

over the genitals and buttocks. I here mark a burrow, and to demonstrate that the diagnosis of scabies is the correct one, I take a gold needle and pass it along the burrow, and now upon the point you can see a small whitish opaque body, which I will place under a microscope and pass among you, cautioning you all to look at it well, because some day you may be obliged to make your diagnosis this way, and now is your time to study it.

I will prescribe for this case as follows :

R Styrax pulvis,  $\mathfrak{z}\text{i}$ ;  
Adipis,  $\mathfrak{z}\text{i}$ . M.

And as he will be instructed to use the ointment as in the other cases, we will hope for a speedy cure.

If at any time you should wish to prescribe the remedies in some other way, one of the following will be beneficial.

The plan adopted by Sherwell, of New York, is to rub the whole body with dry *sulphuris loti*, after the application of a bath. This has at times given good results in my hands.

The sulphur vapor is recommended by some, and is easily made by having a heated surface, either iron or brick, the patient being wrapped in a sheet, and the dry sulphuris loti placed thereon (about two ounces of the drug). This may be repeated every day, and the patient can go about his business soon after the bath without fear of catching cold.

Of all the methods spoken of, I myself prefer that of sulphur and naphthol, as I have got far better results with it than with any of the others, and can safely recommend it as a speedy cure ; more speedy than those above spoken of.





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